DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE - PLEASE READ CAREFULLY

May 16, 2007

Donna Robinson, Administrator Mountain View Geriatric Psychiatric Hospital 500 Polk Street East Kimberly, Idaho 83341

CMS Certification Number: 13-4014

Dear Ms. Robinson:

On April 27, 2007, the Centers for Medicare and Medicaid Services' (CMS) Psychiatric Hospital Federal Monitoring and Oversight survey team completed a recertification survey at your facility. The survey was conducted to determine if your facility was in compliance with the two special conditions of participation requirements for psychiatric hospitals participating in the Medicare/Medicaid programs. This survey found that Mountain View Geriatric Psychiatric Hospital was in compliance with 42 CFR 482.21 Special medical record requirements for psychiatric hospitals and 42 CFR 482.62 Special staff requirements for psychiatric hospitals.

The enclosed "Statement of Deficiencies and Plan of Correction" (CMS-2567) provides a report of the findings. It is not a requirement to submit a plan of correction; however, under federal disclosure rules, findings of the inspection, including the plan of correction submitted by the facility, become publicly disclosable within ninety days of completion.

You may therefore wish to submit your plans for correcting the deficiencies cited. An acceptable plan of correction contains the following elements:

- The plan of correcting the specific deficiency and how the hospital will act to protect other patients in a similar situation;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- Dates when the plan of correction will be completed;
- The title of the person responsible for implementing the acceptable plan of correction.

Please send a copy of your plan of correction to the following:

Centers for Medicare and Medicaid Services Kate Mitchell, Survey, Certification and Enforcement Branch 2201 Sixth Avenue (Mail Stop RX-48) Seattle, WA 98121

Thank you for the courtesies extended to the team during the survey. If you have questions concerning this letter, please contact Kate Mitchell of my staff at 206/615-2432.

Sincerely,

Steven Chickering Western Consortium Survey and Certification Officer Division of Survey and Certification

Enclosure

Cc: Debra Ransom, Chief, Idaho Bureau of Facility Standards Shirley Eldridge, CMS Central Office, Acute Care Services Judy Powell, CMS Region 10, Survey, Certification and Enforcement Branch

PRINTED: 05/23/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		134014	B. WING _		04/2	27/2007
	ROVIDER OR SUPPLIER	OR GERIATRIC PSYCHIATRY	5	REET ADDRESS, CITY, STATE, ZIP CODE 00 POLK STREET EAST (IMBERLY, ID 83341		
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B 000	INITIAL COMMEN	TS	B 000			
B 122	consulting surveyor census at the time patients; the samp (8) patients. 482.61(c)(1)(iii) TF	ust include the specific	В 122			
	Based on record refailed to individuality treatment plans to 8 of 8 active sample and 8). Many mode activities which wo with any patient. Theing unable to pro-	is not met as evidenced by: eview and interview, the facility ze treatment modalities on meet specific patient needs for le patients (1, 2, 3, 4, 5, 6, 7, alities consisted of staff uld be expected of any staff this failure resulted in staff byide direction, consistent by cused treatment to patients'				
	Findings are:					
	records of 8 of 8 ac revealed a series of Plans. These care problem behaviors geriatric population same generic appr non-specific interve considered routine Behavior Care Plan or personalized by	ent treatment plans in the ctive sample patients (1-8) of preprinted Behavior Care plans addressed 39 potential that might be present in this at The care plans listed the oaches, many of which were entions that would be expectations of staff. These his were signed, but unmodified the treatment team staff. ent plans were dated.				
ABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE S COMPL	
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B 122	2. The number of Efound in each patie from 3 to 13. Patient 1 - The treated Behavioral Care Planguisters and the confusion, non-condelusions, loud voo disturbances. Patient 2 - The treated Behavioral Care Planguistion/irritability, aggression/assault refusing ADL assisticonfusion, non-contrespassing, loud voor trespassing, loud voor Patient 3 - The treated Behavioral Care Planguistion aggression, non-compliance/no vocals, self-isolatine pisodes of crying/or Patient 4 - The treated Behavioral Care Planguistion/irritability, threats/aggression. Patient 5 - The treated Behavior Care Planguistion/withdrawal	dehavioral Care Plan sheets int's treatment plan ranged streatment plan ranged streatment plan consisted of an sheets for physical verbal threats/aggression, inpliance/non-directable, als and nighttime streats for anxiety, physical verbal threats/aggression, itance and medication, inpliance/non-directable, ocals. Itment plan consisted of an sheets for delusions, italiance/non-directable, confusion, in-directable, trespassing, loud gowithdrawal, refusing to eat, crying spells. Itment plan consisted of an sheets for elopement risk, anxiety, and verbal sheets for self is sheets for self is violent threats/aggression, ing/crying spells, anxiety, ing/crying spells, anxiety, ing/crying spells, anxiety,	B 1.	22			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
		134014	B, WIN	G	04/:	27/2007
	ROVIDER OR SUPPLIER	DR GERIATRIC PSYCHIATRY		STREET ADDRESS, CITY, STATE, ZIP 500 POLK STREET EAST KIMBERLY, ID 83341	·······	
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B 122	Behavior Care Plan physical aggressior disturbances, nonc	tment plan consisted of sheets for loud vocals,	B 1	22		
	Behavior Care Plan threats/aggression, delusions, elopeme non-compliance/no	sexual inappropriateness, nt,				
	Behavior Care Plan threats/aggression, loud vocals, trespas non-compliance/no agitation/irritability,	physical aggression/assault, ssing, n-redirectable, confusion, refusing ADL dication, and episodes of				
	multiple issues/prok	ng generic interventions for blems were found in the 3 of 8 active sample patients n 8):				
	disturbances, loud v crying/crying spells	and agitation/irritability all ention "Staff to maintain				
	disturbances, loud v spells and agitation	re Plans for Nighttime vocals, episodes of crying firritability all contained the tter what the patient is				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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B 122	manifesting, staff to 4. The following gethe treatment plans patients (1, 2, 3, 5, The Behavior Care assistance and me non-compliance/no and episodes of crythe intervention "St when tempting to result to the treatment plans patients (1, 2, 3, 6, The Behavior Care assistance and me non-compliance/no intervention "Staff to attempting initiating 6. In an interview of the staff social world Behavioral Care Plainformation cited at	neric intervention was found in s of 7 of 8 active sample 6, 7, and 8): Plans for refusing ADL dication, on-redirectable, loud vocals, ying/crying spells all contained aff to be mindful of voice tone edirect." neric intervention was found in s of 6 of 8 active sample 7, and 8): Plans for refusing ADL dication, hallucinations and n-redirectable all contained the o gain patient attention before anything." n April 25, 2007 at 3 pm with ker (who is responsible for the lans in the treatment plan), the pove was confirmed.	B 122			
B 123		ust include the responsibilities the treatment team.	B 123			The state of the s
	Based on record re failed to identify sta were responsible for modalities on the tr	s not met as evidenced by: view and interview, the facility ff by name and discipline who or carrying out specific eatment plan in the records of e patients (1, 2, 3, 4, 5, 6, 7,				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		134014	B. WIN	IG _		04/2	7/2007
	ROVIDER OR SUPPLIER	DR GERIATRIC PSYCHIATRY		50	REET ADDRESS, CITY, STATE, ZIP CODE 00 POLK STREET EAST (IMBERLY, ID 83341		
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B 123	and 8). This resulted being unaware of waresponsibility for the implemented. Findings are: 1. The patient treat	ge 4 ed in the patient and other staff which person was assuming e interventions being ment plans consisted of a , computerized Behavior Care	Bí	23			
	Plans which were in In the treatment plate sample patients (1, not dated), these plane or discipline implementing or mointerventions.	nserted into the patient's chart. Ins of eight of eight active 2, 3, 4, 5, 6, 7, and 8, plans ans did not specify staff by who would be responsible for onitoring approaches or					
B 125	the staff social work the Behavioral Care the information cite 482.61(c)(2) TREA The treatment rece	ived by the patient must be h a way to assure that all	B 1	25			
	Based on record re facility failed to: 1) of in the physician's of for two of two non-selected for review restraints; 2) ensure or Licensed Indepe			REPORTS VALUE TO ANNUAL TO ANNUAL TO THE PROPERTY OF THE STATE OF THE			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	OR GERIATRIC PSYCHIATRY	5	REET ADDRESS, CITY, STATE, ZIP CODE 00 POLK STREET EAST (IMBERLY, ID 83341		
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B 125	deficient practices policy and have the health and safety of Findings are: A. Record Review 1. Patient #22 On 3/2/07, patient pocumentation stated alarm threatening 1345 Nursing note: 1345 Physician's veroom without restrate extreme violence "Safety checks q 15 physician on 3/3/07 There was no progphysician assessed of seclusion initiation."	ts (#22 and/or #23). These were inconsistent with hospital expotential to jeopardize the of these two (2) patients. was placed in seclusion. ted: "out of control, pulled fire go to kill staff." "Escorted to seclusion" erbal order: "Place in seclusion aint for observation/safety due e" (no time limit specified), and 5 minutes" (order signed by ".) ress note indicating that do the patient within one (1) hour on. otes indicatd that patient was	B 125	DEFICIENCY)		
700 m 100 m	1355 "Frequent obs	servation to maintain patient's				
	1403 "Frequent obs safety"	servation to maintain patient				
	1520 "Frequent obs	servation to maintain safety"	Î			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPL	
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B 125	Continued From pa	nge 6	В	125			
		servation to maintain patient's ting quietly. Door to seclusion					
		nued at 1740. No physician nented at any time during the					
	2. Patient #2						
	On 9/4/06, patient v Documentation sta	was placed in seclusion. ted:					
		ving things from coffee cart into rew CNA against nurses					
		elephone order: "Seclusion s and staff safety until re depression)"					
	seclusion for the Theffect. I opened the toward me in a three continue to observe needed up to 8 hours.	rder: "Pt. needs to stay in norazine 50 mg. IM to take e door slightly but he jumped eatening manner. Staff to e closely in seclusion room as irs and call me as needed. If seeded, I will be called and see in."					
	were recorded appr	07, registered nurse notes roximately hourly. There was of continuous observation.					
	room when asleep.	rder: "Unlock door to seclusion May transfer to his room h no aggression/agitation."					The second secon

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPL	
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B 125	unlocked at 2200." B. Seclusion Policy "Seclusion and Res (BH3034) dated 7/0 p.4 "A physician or practitioner must seneed for restraint or after the initiation of p.4 "Each written or seclusion is limited p.5 "The condition or restraint or in seclusions assessed, monitored."	raint Flow sheet states, "Door Ended at 0645, 9/5/06. Review straint - Use of " policy 22 stated, in part: other licensed independent see the patient and evaluate the resclusion within one hour fithis intervention." of the patient who is in a sion must be continually	B 125			
B 133	reviewed the above and confirmed that 482.61(e) DISCHART The record of each discharged must haincludes a recapitul hospitalization. This STANDARD is Based on record redischarge summaric psychiatrist failed to data in the hospital	· .	B 133			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE S COMPL	
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B 133	reviewed for 6 of 8 15). This inconsiste transmission of info	patients (9, 10, 12, 13, 14 and ent and inadequate rmation to follow-up sources s to assure appropriate and	B 133			
	discharged on Marc summary, dated Ma serum lithium levels medications. Althor trazodone and Synt this was not mention elevated TSH (thyro	on February 15, 2007 and ch 1, 2007. The discharge arch 4, 2007 did not report any cor a list of discharge ugh the patient was begun on hroid during hospitalization ned in the summary. An old stimulating hormone) level roid dysfunction) was not amary.				
	discharged on Marc summary dated Mar that the patient suffe while in the hospital modality was identif	d on February 11, 2007 and th 5, 2007. The discharge rch 7, 2007 did not identify ered a urinary tract infection. In addition no treatment ied for this infection nor the ow-up care specified.				
	discharged on Marc dated March 14, 20 on Clozaril but there	d on June 29, 2006 and h 13, 2007. The summary D7 indicated the patient was were no blood counts atment with Clozaril) reported				
	summary dated Mar thyroid medication v	d February 9, 2007 y 20, 2007. In the discharge ch 1, 2007 the patient's yas changed although no documented in the discharge	700.000.000.000.000.000.000.000.000.000			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE S COMPL	
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B 133	Patient 14 - admitted discharged Februard dated March 1, 200 hypothyroidism with documentation, tree hospitalization. Set although drawn, we summary. Patient 15 - admitted discharged Februars summary dated Februars summary dated Februars in the medical treatment hospitalization were the medical treatment of the medical	ed February 1, 2007 ry 20, 2007. The summary ry specified a diagnosis of rout mentioning any lab eatment or follow-up during the rum valproic acid levels, ere not specified in the red February 2, 2007 ry 16, 2007. In the discharge bruary 18, 2007, diagnoses of liabetes mellitus and made, although no specifics of ent performed during the e specified in the discharge the staff psychiatrist on April me findings cited above were	B 133			
B 144	quality and appropr treatment provided This STANDARD i Based on record re Medical Director fai 1. Treatment plans treatment modalitie needs for 8 of 8 act 5, 6, 7, and 8). Mai	nonitor and evaluate the iateness of services and by the medical staff. s not met as evidenced by: view and staff interview, the	B 144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FO	R GERIATRIC PSYCHIATRY	504	ET ADDRESS, CITY, STATE, ZIP CO D POLK STREET EAST MBERLY, ID 83341		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
discipline on the trea sample patients (1, 2 to be held accountal modality. (See B123 3. Discharge summa psychiatrist included significant medical is reviewed (Patients 9 (Refer to B133.)	ee B122.) ere identified by name and atment plans for 8 of 8 active 2, 3, 4, 5, 6, 7, and 8) in order ble for carrying out each 3.) aries completed by the staff d specific notation of ssues in 6 of 8 closed records 9, 10, 12, 13, 14 and 15).	B 144			